

Petition For Affiliation or Dual Membership

To the Worshipful Master, Wardens and Brethren of

Oxford Lodge Number 175 F. & A. M.

Date _____, 20____

The undersigned, having been raised to the Sublime Degree of Master Mason in a regularly recognized Lodge of Free and Accepted Masons, makes application to the above named Lodge for affiliation and upon his honor has answered the following questions truthfully:

Note: This petition MUST be filled out by the petitioner in his own handwriting.

1. What is your full name? _____
2. Where were you born? _____
3. What was the month, day and year of your birth? _____
4. Where do you reside, stating Borough if within the City of New York? _____
5. What is your business occupation and where is it conducted? _____
6. Are you at the present time regularly dimitted from a Masonic Lodge? _____
If so, state the name, number and address of such Lodge _____
7. Are you at the present time a member of any Masonic Lodge? _____
If so, state the name, number and address of such Lodge _____
8. If you should be received into membership in this Lodge, is it your intent to retain your membership in any other Lodge named in your answer to question No. 7? _____
9. At the present time are you a member of more than one Lodge? _____
10. Have you ever presented an application for affiliation with another Masonic Lodge, either in this State or elsewhere, which has not been acted on? _____
11. Have you ever been rejected, upon your application for affiliation by a Masonic Lodge, either in this State or elsewhere?

If so, when and by what Lodge? _____

Signature of Petitioner _____

Presented by Brother _____

Signature of Proposer _____

of the above Lodge, who hereby certifies that he is well acquainted with the petitioner, that he has read the answers to the questions contained in the petition and believes them to be true and that the petitioner is of good character and comes under the tongue of good report.

REFERENCES

Name _____ Address _____ Phone No _____

Name _____ Address _____ Phone No _____

Name _____ Address _____ Phone No _____